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ABSTRACT

This paper presents an overview of the Counseling/Health Psychology Program at the West Haven Veterans Administration Medical Center (WHVAMC). The organizational structure of the counseling program and its clinical services are briefly described, including consultation, and inpatient and outpatient programs. Historical roots in human psychophysiology, learning theory, and systems theory, which have influenced the development of the program, are discussed. Specific examples of clinical settings and the roles and influence of the counseling psychologist are given for such programs as the West Haven-Yale Pain Management Program and the Cardiac Rehabilitation Program. The paper concludes with the identification of future directions for service activities, research, and educational roles for counseling psychologists in medical settings. (BL)

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Interfacing Counseling and Health Psychology
in a Medical Setting

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Interfacing Counseling and Health Psychology in a Medical Setting

The development and growth of Behavioral Medicine and Health Psychology has proceeded by incorporating many of the traditional and more innovative objectives and roles of several disciplines within both experimental and professional psychology. Counseling Psychology, in particular, has contributed significantly to the emergence of Health Psychology. The impact of Counseling Psychology on this new specialty area is felt in areas of health promotion and illness prevention, as well as in settings providing treatment and rehabilitation for medical problems. Medical centers, in particular, have provided settings in which significant clinical and empirical advances in the understanding of the contribution of psychological factors to the development, maintenance, evaluation, and treatment of disease have been made.

The goals of this presentation are four-fold. First, we will provide an overview of the Counseling/Health Psychology Program at the West Haven VA Medical Center (WHVAMC). Secondly, we will outline several Counseling Psychology perspectives and historical roots of Health Psychology and Behavioral Medicine that continue to influence the development of the program. Thirdly, we will describe specific examples of clinical settings and the roles and influence of the Counseling Psychologist. And finally, we will identify future directions for service activities, research, and educational roles for Counseling Psychologists in medical settings.

Historically, the Counseling Section at the WHVAMC, as one of three major clinical subdivisions of the Psychology Service (the others being Clinical in Psychiatry and Clinical Neuropsychology), has functioned as the consultation-liaison branch of the Psychology Service. As such, its staff and trainees have been involved in providing services throughout the Medical Center, including consultations to

Psychiatry, Medicine, Surgery, Neurology, Intermediate Medicine, Rehabilitation, and other specialty services. Consistent with the Medical Center's close affiliation with the Yale University School of Medicine, research and training activities, in addition to the provision of services, are highly valued roles. In this regard, the Psychology Service is no exception. Presently, nine psychologists have federally-funded research projects, and training is offered to over 25 students yearly at the graduate student practicum, internship, or post-doctoral level. These include several large scale programs of health psychological research and a highly developed training program in Health Psychology.

Organizationally, the Counseling Section has three components: Vocational Rehabilitation, Educational Rehabilitation, and Health Psychology. The Health Psychology Program is structurally organized around the APA-approved training program. That is, trainees function as associate staff under the close supervision of the full-time staff and attending psychologists. Services and programs have, of course, developed on the basis of the perceived needs of the Medical Center, but have also evolved from careful consideration of the training and research interests of the students and faculty. In practice, this conjoint evolution of health psychological services and the training program has permitted a substantial degree of flexibility, innovation, and excitement, qualities that have probably contributed to our overall acceptance of the services within the Medical Center and to the enthusiasm of our students.

Of the primary clinical programs and settings in which there is significant Health Psychology involvement,^{the} Most highly developed is the West Haven-Yale Pain Management Program, a clinical, research, and training center that provides comprehensive evaluations and outpatient psychological treatment for chronic

pain patients. More specifically, services include psychophysiological evaluations, extensive behavioral interviewing and observation, and other assessment protocols, and treatment is structured around a 10-week individual or group outpatient cognitive-behavioral protocol emphasizing self-control and mastery in relation to pain management.

Close behind developmentally is an interdisciplinary Cardiac Rehabilitation Program. Psychologists and trainees provide a wide range of services on both an inpatient and outpatient basis to medically and surgically managed patients with cardiovascular disease. The program operates both as a secondary prevention, or risk reduction program, as well as being oriented toward facilitating active coping and adjustment to medical evaluations and diagnoses, hospitalization, treatment, life-style changes, and so forth. Longitudinal research related to the Type A construct and coping with chronic illness are integrally linked to the clinical program.

In addition to these primary programs, the Health Psychology Program provides liaison services to the Renal Dialysis Center, the Intensive Rehabilitation Unit, the Oncology Service, and a Morbid Obesity Unit. In each of these settings, the psychologist or trainee provides staff consultation and direct patient services related most frequently to adjustment and coping issues. Other problems specific to each unit are also targeted. For example, in the Dialysis Center, behavioral management of dietary adherence is a common concern. In the Intensive Rehabilitation Unit, clinical neuropsychological evaluations are frequently requested. In the Oncology Service, pain and anticipatory nausea are common targets. And, in the Morbid Obesity Unit, training in stimulus control and contingency management of eating behaviors is a primary task of the psychologist.

The Health Psychology Program also offers a more general Psychology Consultation Service throughout the Medical Center and an outpatient Health Psychology Clinic. As one might expect, a wide range of services are requested. Examples include evaluation and treatment of sexual dysfunctions including formal evaluation and preparation for penile prosthesis, management of the combative or otherwise uncooperative patient, management of the nonadherent patient, management of a range of anxiety-related problems, pain management, depression treatment, and so forth. Some of the most interesting cases have included a referral for treatment of a chronic eye-roller and a chronic hiccuper!

Finally, a variety of both inpatient and outpatient group treatment programs are offered. These include programs for smoking cessation, stress management, weight control, adjustment to amputation, and adjustment to cardiac disease. These groups are often tailored to particular populations (e.g., smoking cessation for pulmonary diseased patients), but are open to referrals from other services.

Several historical perspectives within Counseling Psychology have been instrumental in the development of the Health Psychology Program at the WHVAMC. These orientations include (1) an emphasis on health promotion and on healthy or "normal" adaptation, (2) established roles in facilitating psychosocial and vocational rehabilitation, (3) educational roles, and (4) roles as consultants. Three additional perspectives that have been central to the evolution of Behavioral Medicine and Health Psychology and that overlap with these contributions of Counseling Psychology are (1) psychophysiology and clinical biofeedback, learning theory, the experimental analysis of behavior, and behavior therapy, and (3) systems theory. The impact of each of these perspectives can be exemplified through more detailed description of specific services provided by Health Psychology at the WHVAMC.

Consistent with the notion of health promotion are programs and services that espouse a secondary prevention model. The interdisciplinary Cardiac Rehabilitation Program is one specialized program that is primarily organized around such a model. Two specific goals have been specified: (1) Facilitation of healthy adaptation to cardiovascular disease by patients and their families, and (2) risk factor modification and life-style change. Accomplishment of these goals is hypothesized to significantly reduce the patient's risk for recurrence symptoms and morbid events, (e.g., myocardial infarction, recurrent angina), as well as to improve the likelihood of other favorable outcomes (e.g., vocational satisfaction, emotional adjustment).

In order to facilitate progress toward these goals the psychologist or trainee initiates contact with the patient and family and the primary members of the health care team at the time of admission to the Medical Center. This contact most often occurs during the patient's admission to the Coronary Care Unit (CCU) in the case of questionable infarction, or to the Cardiothoracic Surgery Unit in the case of the pre-operative patient. Involvement most often continues on a near daily basis throughout the remainder of the patient's hospitalization. Goals of these contacts are highly varied but generally focus on (1) eliciting from the patient and significant others their perceptions of the illness, hospitalization, diagnostic procedures, treatment decision-making, emotional response, social support, and a wide range of related variables, (2) selective and contingent reinforcement for statements of adaptive coping and problem resolution, and (3) confrontation of clearly inaccurate or maladaptive perceptions and behavioral responses and exploration of alternative strategies. The routine and continued support offered by the psychologist or trainee for the majority of cardiac patients who "do well" during the hospitalization rather than solely focusing on "problem patients", underlines the interest in reinforcing

optimal adaptation.

The Pain Management Program can be discussed as a model of a comprehensive psychosocial rehabilitation program. From the initial contact with the patient, emphasis is placed on a goal of improved adjustment and coping with pain, stated simply as "to learn to live a more satisfactory life in spite of the pain." The first phase of the program involves a multidimensional evaluation of the patient's pain problem, possible contributing or maintaining factors, and the perceived impact of the pain problem on the patient's life. In evaluating the impact of the problem, the patient's family and marital relationships, social and recreational activities, vocational or work-related activities, domestic activities, health-care related activities, emotional adjustment, and cognitive functioning are each considered. Following the evaluation, individually tailored behavioral treatment goals are established and targeted for intervention. An outpatient cognitive-behaviorally oriented treatment program is then initiated emphasizing the model developed by Turk and his colleagues. Outcomes are evaluated post-treatment and on continued follow-up. The success of this program has recently received empirical validation.

The role of educator is manifest in many of the health promotion and risk factor modification programs that are run for staff as well as patients and their families. Examples include smoking cessation, weight control, cardiac rehabilitation, and stress management groups. In these groups, theoretical rationales, principles of self-control and behavior management, and behavioral strategies specific to the targeted problem are taught using a collaborative problem-solving style.

The Health Psychology Program is actively involved in providing inservice training in several settings. On a twice yearly basis, members of the staff facilitate stress management workshops for new supervisors in the Medical Center.

Training seminars are also conducted frequently for nursing staff. Topics have included interviewing skills, job stress, treating the terminally ill, assessing sexual dysfunction, stress management, and others. Brief inservices for other professionals designed to inform them about the Health Psychology Program are routinely offered.

The educational and consultation traditions within Counseling Psychology pervade every area of Health Psychology in the medical setting. Without exception, the task of the psychologist or trainee when responding for a request for service on an inpatient unit, involves direct consultation with the referral source, organizational analysis and systems consultation, and, most frequently, patient and family consultation. The development of an effective consultative relationship further requires the consultant to educate the referral source, system, and patient about the perceived role(s) of the psychologist, to describe the, theoretical and applied orientations to the problem, and to collaborate in the development of specifiable goals for the consultation. Most often, this process is analogous to a shaping procedure in which the consultee is reinforced for making the referral, educated via active communication about alternative ways of conceptualizing the problem (e.g., behavioral formulation), and selectively reinforced for active participation in the development of a consultation plan. A similar paradigm is typically followed in evaluating and intervening at the level of the medical ward or hospital milieu, and with the patient and family and social systems. Without incorporating this educative component in the context of even the most straightforward request for service, the impact of the consultation is likely to be disastrous.

Historical roots in human psychophysiology, learning theory, and systems theory provide theoretical foundations for the majority of the clinical and research efforts

of the Health Psychology Program. For example, a significant component of the multidimensional pain assessment is a structured psychophysiological evaluation during which, among other variables, electromyographic reactivity to various personally-relevant stress conditions are recorded. Laboratory experiments are also in progress investigating the relationship between coping style and psychophysiological reactivity among cardiac, hypertensive, stroke, and epileptic patients.

A cognitive-behavioral perspective is strongly espoused by the majority of the primary staff associated with the program. This orientation clearly influences both the evaluation and theoretical conceptualization of clinical programs as well as the development of treatment plans. Consistent with behavioral assessment models, emphasis is placed on observable and measurable behaviors and the use of behavioral observation in evaluating treatment outcome. Additionally, the importance of the individual's cognitive behavior, including their idiosyncratic appraisals and attributions related to their experiences, are evaluated and weighed heavily in clinical decision-making. The cognitive-behavioral perspective also has had important impact on health psychological research in progress. For example, in a study investigating the relationship between daily stress and angina, the patients attributions of causality related to angina are hypothesized to be of central importance.

Finally, the Counseling/Health Psychologist in our setting has clearly recognized the utility of adopting a systems perspective to the work. Whether in a consultation role on a surgical unit where organizational issues are critical, or in evaluating a traumatic brain injured patient where family systems issues are necessarily considered, or in evaluating a veteran with erectile dysfunction where

biological, psychological, and social system variables must be integrated in order to develop an optimal plan for intervention, a systems perspective has proven particularly helpful.

As already noted, the Health Psychology Program at the WHVAMC is active as a clinical, research, and training center. The integration of the historical perspectives from Counseling Psychology with traditions noted to have had a particular influence on the development of Behavioral Medicine cuts across all three tasks of the program. The growth and acceptance of Health Psychology at the WHVAMC owes much to this successful integration and its credible application across a wide range of settings and diverse activities. The breadth of the program, as measured by the number of clinical activities, the diversity of health psychological research, and the emphasis on training, is widely acknowledged.

Future growth of the program is associated with several short-term and long-term goals. First, continued consolidation of the present programs is essential in order to establish credibility and foster a perception that the services are "needed" by other health care professionals. This consolidation is related to the timely and reliable delivery of services, cooperative consultation with other professionals, and ultimately, demonstration of efficacy. Additionally, this consolidation includes continued incorporation of each of the perspectives outlined above and accommodation of health psychological research and training activities in each of the clinical settings described. With this goal in mind, the Pain Management Program and the Cardiac Rehabilitation Program can both serve as models for future growth in other settings.

A second goal includes development on an inpatient Health Psychology Service for patients and problems that appear to require a more behaviorally controlled

environment in which to initiate change. In fact, this goal may be realized soon by the development of a small inpatient Pain Management Program. As with the outpatient pain program, the success of the inpatient unit may be a first step toward adoption of similar programs for other health psychological problems.

Those of us involved in the Health Psychology Program experience a feeling of acting as disciplines of an alternative to the traditional biomedical model of health care practice. Through our work as consultants, the opportunities are many to educate other professionals about our perspectives and to shape the processes of evaluating and treating patients. A reflection of the success of this educative process is the change in the nature of the referral questions in terms of their specificity within a health psychological perspective and the willingness of the consultee to follow recommendations. Suffice it to say that a lot of work has still to be done!

In summary, it is important to realize that the interface that has occurred at the WHVAMC between Counseling and Health Psychology in many ways is non-specific to Counseling Psychology. A number of factors contributed to a natural evolution of the Counseling Section of the Psychology Service. First, the Counseling section was already well established as a consultation-liaison service primarily related to vocational and educational rehabilitation services. Secondly, the affiliation of the WHVAMC with Yale University at a time when several prominent psychologists in the department of psychology (e.g., Gary Schwartz, Judith Rodin, Jerry Singer) were becoming instrumental in the emergence of Health Psychology and Behavioral Medicine also provided an impetus for the growth of the program. Continued collaboration between our training programs and academic and research interests has further contributed to this growth. Finally, support within the Psychology Service and from the administration has been greatly appreciated.

It was the implicit goal of this presentation to foster excitement about the growth and continued opportunities for psychologists in a medical setting. It is hoped that our success at the WHVAMC can serve as a model for growth of similar programs.